

WASHINGTON STATE BOND CERTIFICATION FORM

MAIL or FAX TO: Washington State Bonding Coordinator
Attn: Inge Zeigler
Employment Security Department/Offender Employment Services
PO Box 9046
Olympia, WA 98507-9046
Telephone: (360) 438-4131 or 1-800-339-3981
FAX: (360) 438-4777

JOB PLACEMENT AGENCY

NAME - _____

ADDRESS - _____

CITY/STATE/ZIP - _____

EMPLOYER RECEIVING BOND

COMPANY/AGENCY NAME:

CONTACT PERSON NAME & PHONE #:

ADDRESS:

CITY/STATE/ZIP:

WORKER COVERED BY BOND (please print clearly)

LAST NAME -

FIRST NAME -

BOND EFFECTIVE DATE / / SOC. SECURITY #
MO / DAY / YEAR

STATUS: *Veteran*____ *WorkFirst*____ *Ex-Offender* *Credit Risk*____ *Other*____

BOND INSURANCE AMOUNT REQUESTED

NEW _____

\$,000

RENEWAL _____

\$5,10,15,20,25K

SIGNATURE (must be signed by originator and legible)

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TELEPHONE #